

## Senate Report

The Department of Health (HEALTH) and the Department of Children, Youth and Families (DCYF) submit this report in response to the 2001 Senate Resolution 98. These two departments have developed a variety of strategies to prevent adolescent psychiatric admission through building programs and supports for youth and their families as well as increasing access to services in the community.

### Department of Health

#### The Primary Care Physician Advisory Committee (PCPAC) and Mental Health Issues. PCPAC activities related to supporting primary care physicians in providing children's mental health services.

The 1999 U.S. Department of Health and Human Services report, *Mental Health: A Report of the Surgeon General*, confirmed the long-observed and often stated concerns expressed by primary care physicians in Rhode Island, especially as regards the critical lack of accessible mental health services for children. Consistent with its advisory role, HEALTH's Primary Care Physicians Advisory Committee, comprised of representatives of the primary care physician academies, the RI Medical Society, hospital and community-based providers, and the RI Departments of Human Services (DHS), DCYF and Mental Health, Retardation & Hospitals (MHRH), has been reviewing current mental health issues, programs, and policies. To date, PCPAC has identified several critical issues that impact the delivery of comprehensive primary care and mental health services including confidentiality, mental health parity, access, and coordination of health care services. Currently, PCPAC has established a workgroup to address key mental health issues, particularly coordination of services and communication between primary care and mental health providers.

#### Addressing underserved areas in mental health. Areas of Mental Health Underservice/Federally-designated Health Professional Shortage Areas (HPSAs)

To facilitate Rhode Island's potential to secure additional federal/state support to improve access to mental health services, HEALTH's Office of Primary Care has submitted an application for designation of Providence,

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Central Falls, and Pawtucket as a mental health-health professional shortage area (MH-HPSA) to the federal Division of Shortage Designation (DSD), Bureau of Health Professions. With outpatient mental health services curtailed at Butler Hospital, requisite MH-HPSA data was reassessed resulting in the recent submission of the Providence, Central Falls, Pawtucket MH-HPSA application. On federal approval of the application, MH-HPSA designation will enhance opportunities to apply for a wide variety of grant programs including loan repayment for mental health professionals. Social Workers are not an eligible professional category for this federal funding. It is critical that we continue to explore any potential federal resources to increase access to mental health for all Rhode Islanders, especially our children.

SCHOOL BASED HEALTH CENTERS (SBHC) and HEALTH SERVICES can be a successful safety valve for mental health delivery to adolescents.

Thundermist Health Associates (THA) operates three SBHCs in Woonsocket Public Schools. There is a shortage of psychiatric providers in Woonsocket. The nurse practitioners were seeing more and more children that needed medication or were already taking medication for a behavioral health concern. That coupled with the rapidly growing medication options to treat behavioral concerns created a need for the NP to consult with a psychiatric expert. THA, with funding from Health Resources and Services Administration (HRSA) Healthy Schools Healthy Communities program secured a psychiatric consultant to meet with the nurse practitioner weekly to assess schools behavioral health needs, expedite clinical evaluations for medication, and address other behavioral health issues. THA still has one more year left of HRSA funding and the program is having a positive impact.

Health and Education Leadership for Providence (HELP) worked with a group of school and community leaders including students to assess health needs in Providence and proved direction for future efforts. This group determined that behavioral health concerns of students were a top priority. Hope High School was selected to pilot the program through a competitive process. Hope students now have the services of additional community behavioral health providers and a coordinator. The role of the coordinator is to facilitate the work of school and community behavioral health staff. The

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group will assess needs of the student population, define roles and responsibilities and develop strategies to meet the behavioral health needs of students. HELP hopes to expand the program to other Providence Schools.

The special Senate Commission to Study SBHCs Report identifies expanding behavioral health capacity at SBHC as a recommendation. While some schools currently have behavioral health providers, the amount of direct service to students is often limited and capacity is inadequate to meet the needs of the student population. Psychiatrists, social workers and counselors have varying roles across school districts. SBHCs can expand access to confidential outpatient services.

HEALTH working with the emotional health of young children in conjunction with the child care team.

HEALTH and DHS surveyed childcare centers and licensed family daycare homes around emotional health in childcare achieving a response rate of 40%. The data should be available by May 2002

HEALTH contracted with the Day Care Justice Co-op to hire a mental health consultant, to work with the Child Care Support Network in assisting child care centers and homes to address children's difficult behaviors. There are several people interested in the position.

HEALTH is planning a training in May for the Deveraux Early Childhood Assessment (DECA) tool. HEALTH is funding 12 individuals through Healthy Child Care America for this "train the trainer" model training. The DECA tool allows child care providers to assess children's behavior and helps them create strategies to work with the child and parents. The goal of the initiative is to keep the child in the classroom.

Last year HEALTH trained 20 people to use the DECA tool and provided them with kits through Region 1 technical assistance money for Healthy Child Care America.

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## Department of Children, Youth and Families

The Department of Children, Youth and Families (DCYF) addresses the issue of expanding capacity for children's mental health services through several initiatives, including the following:

### Emergency Mobile Response Services

DCYF, in collaboration with the mental health community has identified the need for an emergency mobile response capacity to meet urgent challenges of children and youth at risk of hospitalization. It is understood that a mobile crisis team response would be designed to defuse and stabilize situations in which children/youth exhibit escalating and dangerous behaviors toward themselves or others. The Department has convened meetings with community-based stakeholders to identify critical issues, gaps in service and strategies for developing an emergency mobile response capacity. Development of this initiative will be pursued in FY 03, upon completion of the Children's Intensive Services redesign.

### Children's Intensive Services (CIS) Redesign

The DCYF is currently working with the Rhode Island Council of Community Mental Health Organizations, the Department of Human Services, managed care health plans, and other insurers to redesign the intensive mental health services program that was created almost a decade ago. Recognizing that there are changing needs facing children and families and a growing concern nationally about services available and accessible to effectively address children's mental and behavioral health challenges, the DCYF is focusing on the creation of levels of care that will provide an appropriate, intensive therapeutic approach to children and youth who are at risk for psychiatric hospitalization or placement out of their home into a residential treatment facility. These services are now being tailored to more appropriately meet the needs of the population that they were originally intended to serve within a broader continuum of comprehensive behavioral health services, and in a way that will provide the necessary outcome information to continuously track capacity and program quality needs.

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### Bradley Hospital Intensive Outpatient Services

Bradley Hospital and the DCYF are working to enhance intensive hospital-based outpatient services in order to provide necessary and appropriate care for children/youth being discharged from the hospital. The work in strengthening this service component represents a recognition of the necessary support that is so essential for children/youth and their families as they are leaving the structure of a hospital treatment setting and returning to their home and community. This planning process is near completion with the final step being the setting and approval of rates between the hospital, DCYF and DHS.

### Increasing Sub-Acute Care Capacity

The Department is currently expanding the hospital step-down capacity by adding seven new beds to the Arcadia House program run by Gateway Healthcare, Inc. This additional capacity will bring the total number of beds at Arcadia House to 19 by the end of March, 2002; with the new beds serving children between the ages of 5 and 11 who have severe emotional and behavioral disorders.

The Arcadia House expansion is part of DCYF's ongoing effort to develop capacity for sub-acute care in the State, to provide step-down treatment for children/youth who are in psychiatric hospital care or in high-end residential treatment who need a lower level of care as an interim measure toward returning to their home or community, but are not at a level of functioning to benefit immediately from intensive outpatient care. DCYF is to work with providers in-state who have staff levels, competency and skills in working with children who need sub-acute care in order to identify capacity building strategies that can be accomplished efficiently and expeditiously. Additionally, proposals from qualified providers are being explored for potential new development of model program capacity to meet this identified need.

### Intensive Mini-Networks

The Department is working with Butler and Bradley Hospitals along with several of their community partners to develop highly structured mini-networks to wrap services around some of the State's children with the highest intensity needs. These are programs which recognize that a few children will always require a high level of service due to the severity and

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complexity of their mental health and behavioral issues. These services are being designed to allow the child to remain at the least restrictive level of care with direct links to higher levels of service; i.e., residential and hospital, for the least amount of time.

### Fee for Service (FSS) Reimbursement

Fee for Service reimbursement rates for children's services have not been adjusted in many years. DCYF is working to increase these provider rates, and it is hoped that these adjustments will contribute to an increased accessibility of providers.